

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Daryl Conyers</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>DOV</u>	<b>Date:</b> <u>7-3-13</u>	<b>Time:</b>	
<b>Vehicle Make:</b> <u>Chrysler</u>	<b>Model:</b> <u>Town/Country</u>	<b>Year:</b> <u>2005</u>	
<b>GVWR:</b> <u>-</u>	<b>Fuel Type:</b> <u>G.</u>	<b>Registration Number:</b> <u>302F3</u>	
<b>Auditor:</b> <u>G. Green</u>		<b>Covert / Overt</b> (circle one)	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b> <u>Safety too</u>			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Steven Glover</u>		<b>Position:</b> <u>1</u> or 2	
<b>Station:</b> <u>DOR</u>	<b>Date:</b> <u>7-3-13</u>	<b>Time:</b>	
<b>Vehicle Make:</b> <u>GMC</u>	<b>Model:</b> <u>Jimmy</u>	<b>Year:</b> <u>2000</u>	
<b>GVWR:</b> <u>5</u>	<b>Fuel Type:</b> <u>G</u>	<b>Registration Number:</b> <u>13430</u>	
<b>Auditor:</b> <u>Griesen</u>		<b>Covert / <u>Overt</u> (circle one)</b>	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input type="checkbox"/>	<input type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>New Castle and Kent Counties Only</b>		<input type="checkbox"/>	<input type="checkbox"/>
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Sussex County Only</b>		<input type="checkbox"/>	<input type="checkbox"/>
8. Was <b>Curb Idle</b> testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b> <u>Safety too</u>			



## DMV Lane Technician Observation Report

DMV Technician: <u>Tom Deas</u>		Position: <u>1 or 2</u>	
Station: <u>Dor</u>	Date: <u>7-3-13</u>	Time:	
Vehicle Make: <u>Oldsmobile</u>	Model: <u>Aurora</u>	Year: <u>2002</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>33239</u>	
Auditor: <u>Ginesa</u>		Covert / <u>Overt</u> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?	✓		
a) Was Catalytic Converter inspection performed?	✓		
4. Was Fuel Tank pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment: <u>Nice job</u>			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Roberter Hotte</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>DAV</i>	<b>Date:</b> <i>7-9-13</i>	<b>Time:</b>	
<b>Vehicle Make:</b> <i>Chev</i>	<b>Model:</b> <i>Trail Blazer</i>	<b>Year:</b> <i>2006</i>	
<b>GVWR:</b> <i>-</i>	<b>Fuel Type:</b> <i>G</i>	<b>Registration Number:</b> <i>485D74</i>	
<b>Auditor:</b> <i>Griesa</i>		<b>Covert / Overt</b> (circle one)	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?	✓		
a) Was Catalytic Converter inspection performed?	✓		
4. Was <b>Fuel Tank</b> pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b> <i>Safety too -</i>			



## DMV Lane Technician Observation Report

DMV Technician: <u>Ted Kibacz</u>		Position: <u>1 or 2</u>	
Station: <u>Dor</u>	Date: <u>7-9-13</u>	Time:	
Vehicle Make: <u>KIA</u>	Model: <u>Sorento</u>	Year: <u>2011</u>	
GVWR: <u>-</u>	Fuel Type: <u>G</u>	Registration Number: <u>661959</u>	
Auditor: <u>Griese</u>		Covert <input type="checkbox"/> Overt <input checked="" type="checkbox"/> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?		<input checked="" type="checkbox"/>	
4. Was Fuel Tank pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment: <u>New Req.</u>			

Revised 7/26/12

## DMV Lane Technician Observation Report

DMV Technician: <u>Dave Pollitt</u>		Position: <u>1</u> or 2	
Station: <u>Dor</u>	Date: <u>7-9-13</u>	Time:	
Vehicle Make: <u>Plym</u>	Model: <u>chr</u>	Year: <u>1987</u>	
GVWR: <u>-</u>	Fuel Type: <u>G.</u>	Registration Number: <u>291980</u>	
Auditor: <u>Gryse</u>		Covert / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?		<input checked="" type="checkbox"/>	
4. Was Fuel Tank pressure testing required?			
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only		<input checked="" type="checkbox"/>	
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?		<input checked="" type="checkbox"/>	
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment: <u>Passed - Good Job</u>			